

Organization ID # 0708457  
State of origin KY  
Filing fee \$130.00

Commonwealth of Kentucky  
Elaine N. Walker, Secretary of State

0708457.06

bschell  
LRPF

Elaine N. Walker, Secretary of State  
Received and Filed:  
6/28/2011 11:14 AM  
Fee Receipt: \$130.00

Elaine N. Walker  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Reinstatement Application and  
Reinstatement Annual Report  
For the years 2010 through 2011

RST

**Exact limited liability company name and principal office address**

CONFLUENCE HEALTH SYSTEMS, LLC  
2306 OLD FIELD DRIVE  
LA GRANGE KY 40031

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at [app.sos.ky.gov/fsearch](http://app.sos.ky.gov/fsearch) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

NATIONAL REGISTERED AGENTS, INC.  
400 WEST MARKET STREET  
SUITE 1800  
LOUISVILLE, KY 40202

**Managers** - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address.

STEVEN GREG SHREEVE

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 275.295. Enclosed is a check in the amount of \$130.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to CONFLUENCE HEALTH SYSTEMS, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B 14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

X

Signature of member or manager (Required)

President

Title (Required)

06/24/2011

Date (Required)



**THOMAS B. MILLER**  
Commissioner

**FINANCE AND ADMINISTRATION CABINET  
DEPARTMENT OF REVENUE  
OFFICE OF INCOME TAXATION**

**ELYSE WEIGEL**  
Deputy Commissioner

**BOB BROOKS**  
Executive Director

June 28, 2011

**CONFLUENCE HEALTH SYSTEMS, LLC  
2306 OLD FIELD DRIVE  
LA GRANGE KY 40031**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **CONFLUENCE HEALTH SYSTEMS, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Mary Jo Brown, Revenue Auditor  
Division of Corporation Tax  
501 High Street, 7th Floor, Sta. 52  
Frankfort, KY 40601  
502-564-7317  
FAX# 502-564-0058

Kentucky Secretary of State organization number 0708457